

MAIL TO:  
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COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES  
THRIFT STORE OPERATIONS  
2000 ANNUAL FINANCIAL REPORT  
(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1 (Recently enacted).

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundraiser:

CF Number \_\_\_\_\_

Name of Commercial Fundraiser \_\_\_\_\_

Address of Commercial Fundraiser \_\_\_\_\_

City, State, and ZIP Code of Commercial Fundraiser \_\_\_\_\_

Name and Address of Charitable Organization or Charitable Purposes:

CT No. \_\_\_\_\_ F.E.I.N. No. \_\_\_\_\_

Name of Charity \_\_\_\_\_

Address of Charity \_\_\_\_\_

City, State, and ZIP Code of Charity \_\_\_\_\_

_____ held (on) (from) _____, 200_____, to _____, 200_____. (Type of Activity) (Date or dates must be shown)	
1. REVENUE	
A. Store Sales	_____ A.
B. Rag Sales	_____ B.
C. Miscellaneous Income	_____ C.
D. TOTAL REVENUE	_____ D.
2. STORE EXPENSES:	
A. Salaries - Store Management	_____ A.
B. Salaries - Employees	_____ B.
C. Payroll taxes	_____ C.
D. Employee benefits	_____ D.
E. Truck Expense	_____ E.
F. Advertising	_____ F.
G. Insurance	_____ G.
H. Telephone	_____ H.
I. Rent	_____ I.
J. Utilities	_____ J.
K. Sales Tax	_____ K.
L. Office Expense	_____ L.
M. Depreciation	_____ M.
N. Leasehold Improvements (Amortized)	_____ N.
O. Solicitation and Pick Up Expense	_____ O.
P. Other Expenses. (Attach a Schedule)	_____ P.
Q. TOTAL EXPENSES	_____ Q.

**NOTE: BASED ON YOUR CONTRACT/AGREEMENT, PLEASE COMPLETE LINES 3 AND 4 OR LINES 5,6, AND 7.**

3. COST OR GOODS PURCHASED FROM CHARITY Distribution or net to charitable organization or charitable purposes	_____ 3.
Volume of soft goods purchased in 100 cubic feet: _____	
4. BEFORE TAX STORE PROFIT RETAINED BY COMMERCIAL FUNDRAISER	_____ 4.
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5. NET INCOME (lines 1D minus 2Q)	_____ 5.
6. MANAGEMENT FEES/COMMISSION TO COMMERCIAL FUNDRAISER	_____ 6.
A. Volume of soft goods received from charitable solicitation and pick up in 100 cubic feet: _____	
7. NET DISTRIBUTION TO CHARITY (Line 5 minus 6)	_____ 7.
8. A. Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which Commercial Fundraiser has contracted to solicit?	
G Yes If "yes," complete the following:	
G No	

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 8(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (Commercial Fundraiser) \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This report must be signed by two officers of the charitable organization for verifying the distribution.

Signature of authorized officer/director (Charity) \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of authorized officer/director (Charity) \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_